

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10,311559

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1	1				
3		1	1				
4	1	1	1				
5	1	1	1				
6	1	1	1				
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50							
TOTAL IND.	2	↓	3	↓		↓	
TOTAL DEP.	19	←	17	←		←	
TOTAL CLAIMS	21		20				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
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96							
97							
98							
99							
100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.	←		←		←		
TOTAL CLAIMS							